

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044858

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 223  
FILED NOV 18 1963

STATE FILE NUMBER

VS 300  
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

|                                                                                                                                                                                                                                                  |                                                                                                           |                                                                                                                                                                      |                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Pemiscot</u>                                                                                                                                                                                                   |                                                                                                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>                          |                                                                      |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Hayti</u>                                                                                                                                                                |                                                                                                           | Length of stay in 1b<br><u>1 Week</u>                                                                                                                                |                                                                      |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>                                                                                                                                          |                                                                                                           | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                                 |                                                                      |
| 3. NAME OF DECEASED<br>(Type or print) First <u>Faye</u> Middle <u>L.</u> Last <u>Kinder</u>                                                                                                                                                     |                                                                                                           | 4. DATE OF DEATH<br>Month <u>November</u> Day <u>4</u> Year <u>1963</u>                                                                                              |                                                                      |
| 5. SEX<br><u>Female</u>                                                                                                                                                                                                                          | 6. COLOR OR RACE<br><u>White</u>                                                                          | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><u>3-27-1937</u>                                 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>House Wife</u>                                                                                                                                 |                                                                                                           | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>X</u>                                                                                                                        |                                                                      |
| 11. BIRTHPLACE (City and state or country)<br><u>Peach Orchard, Mo.</u>                                                                                                                                                                          |                                                                                                           | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>                                                                                                                         |                                                                      |
| 13a. FATHER'S NAME<br><u>Brach Modglin</u>                                                                                                                                                                                                       |                                                                                                           | 13b. MOTHER'S MAIDEN NAME<br><u>Opal Treace</u>                                                                                                                      |                                                                      |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) <u>No</u>                                                                                                                                                                   |                                                                                                           | 17. INFORMANT<br><u>G. C. Kinder</u> Address <u>Bragg City, Mo.</u>                                                                                                  |                                                                      |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>carcinoma of esophagus</u><br>DUE TO (b) <u>metastasis to abdominal</u><br>DUE TO (c) <u>vascular changes</u> |                                                                                                           | INTERVAL BETWEEN ONSET AND DEATH<br><u>12 mos.</u>                                                                                                                   |                                                                      |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)                                                                                                                |                                                                                                           | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                                                      |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                                                                                                | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)                                                                         |                                                                      |
| 20c. TIME OF INJURY<br>Hour <u>9:50</u> a.m. <u>p.m.</u> Month, Day, Year <u>9-14-62</u>                                                                                                                                                         | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                                                                             | 20f. CITY, TOWN, OR LOCATION<br><u>Hayti, Mo.</u>                    |
| 21. I attended the deceased from <u>9-14-62</u> to <u>11-4-63</u> and last saw her alive on <u>11-4-63</u><br>Death occurred at <u>9:50 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.              |                                                                                                           | 22a. SIGNATURE<br><u>Asphyxiation</u> (Degree or title) <u>M.D.</u>                                                                                                  |                                                                      |
| 22b. ADDRESS<br><u>Hayti, Mo.</u>                                                                                                                                                                                                                |                                                                                                           | 22c. DATE SIGNED<br><u>11-5-63</u>                                                                                                                                   |                                                                      |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>                                                                                                                                                                                       | 23b. DATE<br><u>11-6-63</u>                                                                               | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Memorial Gardens Cemetery</u>                                                                                               | 23d. LOCATION (City, town, or county) (State)<br><u>Kennett, Mo.</u> |
| 24. FUNERAL DIRECTOR<br><u>Osburn Funeral Home, Hayti, Mo.</u>                                                                                                                                                                                   |                                                                                                           | 25. DATE RECD. BY LOCAL REG.<br><u>11-9-63</u>                                                                                                                       | 26. REGISTRAR'S SIGNATURE<br><u>Charlotte E. Sloan</u>               |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James G. Fisher

Licensed Embalmer No. 4785

P. O. Address Hayti, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.